

ON SPLIT TREATMENT

DEAR EDITOR:

The article entitled, "Split Treatment: A Measurement of Coordination Between Psychiatrists," by Charles J. Lopiccolo, MD, et al., [*Psychiatry* 2005 2005;2(1):43–46] is of very crucial interest in this era of managed care and split treatment in psychiatry. However, the article only refers to the communications by psychiatrists to the associated therapists involved in the "split treatment" of their patients. The other aspect of split treatment coordination is the communication by the therapist to the psychiatrist. It has been my experience that this area of communication is often quite inadequate. I guess I pay particular attention to this matter since I more or less fulfill the 100-percent coordination rate in my practice, i.e., I always dictate notes and send them to respective therapists. It is unfortunately not true of the many therapists with whom I am involved in split treatment.

Of the many therapists with whom I coordinate treatment, I believe there is only one who sends me typewritten notes of all his contacts with his patients. Needless to say, I prefer working with this therapist because I do feel the coordination of our care is the best it can be. Regarding another group of therapists with whom I coordinate, I do hear regularly from those therapists if there is a particular problem that they feel should be brought to bring my attention. I feel that with these therapists, the care of our patients is still quite high and meets a reasonable standard of care.

However, the majority of therapists with whom I coordinate send me reports on an irregular basis, if at all. In these situations, the care is

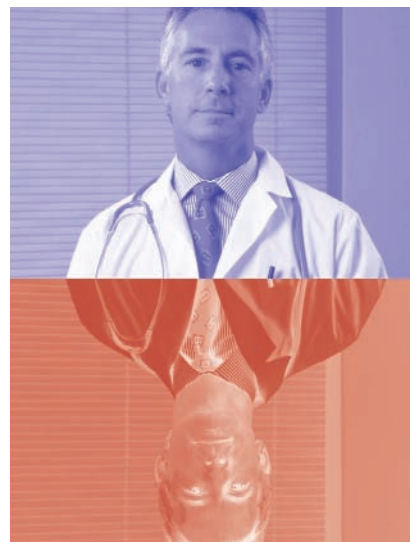
unfortunately below a reasonable standard of care. I suppose I could refuse to share patients with these therapists but that would limit my availability to the variety of patients I serve. Furthermore, the care of those patients would not necessarily be better with some of my psychiatric colleagues who do not fulfill the requirement of at least sending notes and coordinating care with the therapists who they are involved with in split treatment.

I want to emphasize the importance of communication of clinical information in both directions in this era of managed care and split treatment.

With regards,
Leonard Korn, MD
Private Practice
Portsmouth, New Hampshire

AUTHOR'S RESPONSE

We fully agree with Dr. Korn's emphasis on the importance of regular two-way communication in split treatment as the standard of best practice. Unfortunately, the results of self-reported surveys that we obtain from therapists to determine their rates of coordination with psychiatrists suggest that Dr. Korn's experience is not unique. We provide both professionals of the split-treatment triad with quarterly information about the importance of coordination and request that both providers respond regarding obtaining a release and coordination of care for each patient. Data from the same time period and for the same patients reported for psychiatrists in the January issue of *Psychiatry* 2005 reveals a mirror image for therapists, as one-fourth never coordinate and the average coordination rate is 70 percent. The results of our ongoing monitoring of coordination in collaborative treatment indicate the need for improve-



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ment by a significant number of both psychiatrists and therapists to meet the standard of best practice so well described and practiced by Dr. Korn.

With regards,
Charles J. LoPiccolo, MD
Medical Director, University of Miami Behavioral Health
Miller School of Medicine
University of Miami
Miami, Florida

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